

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2		1				
3		2				
4		2				
5		2	16			
6		2	6			
7		2	9			
8		2	38			
9		2	14			
10		2				
11		2				
12		2				
13		2				
14	1		81			
15	1					
16		2				
17		2				
18		2				
19		2				
20		2	9			
21		4				
22		4				
23		4				
24	1					
25	1					
26	1					
27		3				
28		3				
29		3				
30		3				
31		3				
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37		3				
38		3				
39		3				
40		3				
41		3				
42		3				
43		3				
44		3	38			
45	1					
46		1				
47		1				
48		8				
49		8				
50		14				
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
51						
52		1				
53						
54		1				
55		3				
56		3	8			
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						